



## 6. Organisational and institutional abuse enquiries

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Not all abuse that occurs within settings that provide health or social care will be institutional; incidents between service users or actions by individual members of staff may occur without any failings on the part of the organisation.

It is important that our safeguarding arrangements are built upon transparency, trust and multiagency cooperation – respecting the roles each agency plays in promoting the welfare of people with care and support needs.

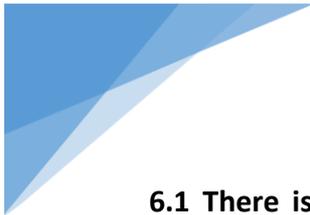
### **Safeguarding is not a substitute for:**

- **providers' responsibilities to provide safe and high-quality care and support**
- **commissioners regularly assuring themselves of the safety and effectiveness of commissioned services**
- **the Jersey Care Commission (JCC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action**
- **the core duties of the police to prevent and detect crime and protect life and property**

It is therefore important that wider commissioning and regulatory issues are not routinely or inappropriately labelled as safeguarding concerns but also that, where necessary, institutional safeguarding concerns are identified and addressed in a timely and effective manner.

**Organisational abuse** occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

This guidance is applicable across all the different types of provider organisations e.g. residential or nursing care; domiciliary care; day care; housing-related support; temporary accommodation; health services.



**6.1 There is a need for assessment and judgement in determining when poor practice becomes an adult safeguarding issue leading to potential concerns of organisational abuse.**

Addressing four key questions will support the decision to initiate an organisational abuse investigation:

1. Is the incident of the **type** to indicate organisational abuse?
2. Is the incident of a **nature** to indicate organisational abuse?
3. Is the incident of a **degree** to indicate organisational abuse?
4. Relating to these three questions, is there a **pattern and prevalence** of concerns about the service and/or organisation?

### **The Trigger Threshold**

As an additional safeguard to promote early recognition and response to the potential presence of organisational abuse, a trigger threshold for action has been defined and where occurring must be referred to the Safeguarding Adults Team for due consideration. The threshold:

- **Three safeguarding concerns within any rolling six-month period about the same care service or setting will always trigger a review of the concerns about the care service or setting by the Safeguarding Adults Team who will then determine if there is evidence to indicate possible organisational abuse**

The Trigger threshold is an indicative tool prompting additional consideration to be applied. **Three safeguarding concerns in any six-month period *in itself* does not equate to organisational abuse.**

The tool does not replace professional judgement or preclude earlier intervention based either upon an alert(s) or other sources of information. The trigger threshold is also intended to promote proactive and early intervention in care settings or services to signal service improvement – for example where the threshold for an organisational abuse enquiry is not met but preventative interventions may be required. Such interventions may be undertaken for example, by the safeguarding service, contracts & commissioning, adult social work or another organisation.



If the trigger is activated, the Safeguarding Adults Team will review the concerns and evaluate all available information, including discussing and sharing information and making enquiries with an appropriate range of services including:

- **The previous safeguarding history of the provider (including other services/institutions owned by the provider)**
- **JCC – previous and current status of the service/provider**
- **Contracts Information – previous or current issues relating to compliance**
- **Police – past or current concerns (if indicated)**
- **Health Professionals who may visit e.g., GPs, district nursing, or relevant others**
- **Practitioner views – any concerns arising from individual reviews etc.**

The evaluation process may be a 'desktop exercise'; a formal strategy discussion or strategy meeting at the discretion of the Safeguarding Adults Team and should be proportionate to the concerns identified. All decisions will be formally documented with reasons why the decision was made.

**6.2 Organisational abuse explained further:** organisational or institutional abuse is '**the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights** (Care and Support Statutory Guidance, 2014)'.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting



and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Organisational abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management,
- are inadequately trained,
- are poorly supervised and poorly supported in their work, and,
- receive inadequate guidance.

**Possible reasons why concerns may be identified as organisational or institutional in nature:**

- Safeguarding concerns with **evidence of criminal neglect, ill treatment, network of abuse or death**
- Where it is suspected that a **number of adults have been abused** by the same person, or group of people in the same setting
- Where there are significant concerns from safeguarding enquiries relating to an individual that other adults are at risk of significant harm.
- Where **patterns or trends emerge** - which suggest serious concerns about poor quality of care from a provider.
- Where a provider has **failed to engage with other safeguarding plans or action plans** resulting in continued harm or continued risk of harm to one or more adults.
- Where there is continued evidence that despite involvement of other agencies (e.g. contracts and commissioning, Regulation, or Jersey Care Commission) there remains **insufficient improvements** within the service - which result in continued harm or continued risk of harm to one or more adults.

**6.3 Responding to organisational abuse:** responses to organisational abuse should involve key partner agencies and relevant Senior HCS managers at the earliest opportunity. This



is essential in ensuring that appropriate personnel and resources are identified to carry out the breadth and timeliness of the enquiry. The level and nature of the concern will influence which organisations need to be involved and the required level of authority to make decisions on behalf of those organisations.

Many enquiries into organisational abuse will involve consideration about a number of adults who may be at risk. It is vital that the enquiry includes the consideration of the views and outcomes of any individual adult involved, and incorporates these into any wider strategic learning within the enquiry, whilst at the same time ensuring the confidentiality of specific individuals is maintained. [See States of Jersey Duty of Candour \(Being Open\) Policy and Procedures 2016](#)

**It is good practice in any enquiry for providers to be fully involved from an early stage to promote effective partnership working - and bring about the best outcomes for adults with care and support needs.**

Communication with other adults who use the service, and their representatives, needs to be considered. **People using services have the right to be informed** of organisational concerns, however, every care should be taken not to raise anxiety. Information sharing should always include adults who use services and their representatives so that they are able to make informed choices and retain their independence.

Organisational abuse enquiries **will require a formal strategy meeting** for planning purposes. Invitees should include the manager or registered provider of a service (unless significantly implicated). **The tone of the strategy meeting should be welcoming and the focus should be on gaining consensus with actions to promote improvements, best practice, and maintaining safety within an agreed timeframe.**

**It is essential, right and just that a provider of any service is given ample time and opportunity to respond to alleged organisational abuse – and their views be recorded, acknowledged and factored into the enquiry report.**

Responding to organisational abuse is likely to require a complex coordination of different organisations both for information and for direct involvement in the enquiry. An Enquiry Officer **independent of the organisation** concerned will be appointed for organisational



abuse enquiries. It is not appropriate for a provider of the same service to be appointed to carry out this function.

**6.4 Partnership working with providers:** the involvement of Service Providers in multi-agency procedures is important in order to enable steps to be taken for the immediate protection of people using a service; in the development and implementation of protection plans for individuals and the improvement plan for the service. Providers may be asked to undertake elements of an enquiry as a contribution to the overall enquiry.

**6.5 Access to premises & records:** the SAT does not have any statutory right of access to businesses of independent service providers and will seek consent and cooperation from independent providers when commencing enquiries. Where such cooperation is not forthcoming the Jersey Care Commission (JCC) will be informed, as the regulator responsible for care services.

**6.6 Organisational abuse - strategy considerations:**

- Agree the **scope of the enquiry**
- **Assess the risk** to service users from available information and consider what steps may be necessary to manage this risk. This must include discussion of any specific individuals where there are allegations of abuse or neglect as well as wider organisational concerns
- **Plan all aspects of the enquiry** and clarify the respective roles and responsibilities of organisations and individual professionals – introducing a suitably *objective* enquiry officer – and chair
- **Set clear timescales** for actions agreed
- Where action plans indicate further information is required to inform risk assessment and planning, the meeting will need to **consider what information is required** and which agency/agencies are best placed to gather the information
- Identify any **specialist staff** needed to support the enquiry officers where this is required, such as sensory loss, health needs (for example tissue viability), mental health or learning disability specialist staff

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- Arrange for any further **health screening and social care planning** – specifying actions, timings and types of review
  - Agree a **communication strategy** to avoid raising unnecessary anxieties or manipulation of information. It is important to be clear what has been communicated to whom within a service and what information is permitted to share with service managers, providers, service users etc
  - Agree a **Safeguarding Plan** for individuals affected and to manage organisational risks
  - Consider whether it is necessary to make a referral for involvement of [Independent Capacity Advocates](#) where any residents may lack [Capacity](#) to make decisions for their care and safety
  - **Agree the date of any further meetings**

The Enquiry Officer will detail an enquiry report in respect of the findings into organisational abuse – which must be shared with the service provider at least **5 working days** ahead of an outcomes meeting. **An outcomes meeting will be called with all relevant partners playing their part.**

Individual cases of abuse or neglect **MUST** be managed through routine adult safeguarding procedures (standard pathway) – and have their own enquiry and outcomes discussion/meeting. Individual cases should (ideally) be managed ahead of an outcomes meeting concluding an enquiry into organisational abuse. Clients/residents should not be named within an enquiry report relating to organisational abuse.

**Organisational abuse enquiries may reference the outcomes of individual cases; however, it is not expected that a client or their representative attends an outcomes meeting relating to organisational abuse.**

# Organisational Abuse Pathway

